

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Chautauque
 Township of Chautauque
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
17960

Registration District No. 912 Registered No. 11
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Geneva Robinson If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Julius Robinson
 9. PRESENT POSTOFFICE OF FATHER Mount Pleasant SC
 10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 24
 (Years) 12. BIRTHPLACE Chautauque SC
 13. OCCUPATION Labourer

MOTHER.

14. NAME BEFORE MARRIAGE Catharine Holbeck
 15. PRESENT POSTOFFICE OF MOTHER Mount Pleasant SC
 16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 18
 (Years) 18. BIRTHPLACE Chautauque SC
 19. OCCUPATION Washing

20. Number of children born to mother, including present birth 1 21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Chautauque SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 16, 1922 (28) [Signature] Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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